Elevator/Conveyance INSPECTION REPORT | CERT POSTED | ALE # (6 digit number) | PERMIT NUMBER | TEMP. CERT. of OPERATION

DATE INSPECTED	CERT. EXP DATE	CERT POSTED	ALE # (6 digit number)		PERMIT NUM	ERMIT NUMBER TEMP. CERT. of OPERATION			PERATION
		YES[] NO[]	1						NO[]
OWNER NAME			NATURE OF BUSINESS			S	SERIAL NUMBER		
OWNER STREET ADDRESS AN	10				OWNE	D 71D			
STREET ADDRESS AND I WINDA			OWNER CITT		OWNER	VOIAIL	JIAIL OWNER Z.II		
LOCATION NAME			SPECIFIC LOC IN BLDG		OBJECT L	OBJECT LOCATION COUN		TY	
LOCATION ADDRESS			OC CITY		LOC STATE			LOC ZIP	
					ALABA	ALABAMA			
MANUFACTURER SPEI		SPEED (fp	om)	n) RISE		OPENINGS		CAPACITY	
EQUIPMENT TYPE									
Passenger [] Escalator [] Freight [] Material Lift [] Residential [] Moving Walk [] Platform Lifts []									
Stairway Chair Lifts [] LU/LA [] Other [] (explain)									
Special Billing Instructions:									
Send Invoice to: Owner [] Location [] Contact Name									
Send Certificate to Owner [] Location [] Phone Number									
V = Violation and must be completed within 30 days. R = Recommendation and must be completed by July 1, 2009 except for door restrictors which have six months									
from inspection.									
Mechanic who installed/altered equipment (AL license #) Adjuster (AL license #)									
Signature of Inspector Inspector AL License			Company	Adjuster (AL license #) Company Name Person contacted and phone numb			number		
I certify this is a true and correct repor									
Neither this inspection nor any provision	of this inspection shall be constr	ued to place any liability or	n the state of Alabama	, the Inspection	n Agency/Compar	ny or the Ir	nspector with	respect to a	ny claim by any